



IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

July 28, 2006

RECEIVED
AUG 09 2006
FACILITY STANDARDS

Michelle Parker, Administrator
Preferred Community Homes – Milliken Heights
440 W Pennwood Ste 200
Meridian, ID 83642

RE: Preferred Community Homes – Milliken Heights, Provider # 13G053

Dear Ms Parker:

This is to advise you of the findings of the Medicaid/Licensure survey, which was concluded at your facility, Preferred Community Homes – Milliken Heights, on July 10 to July 12, 2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

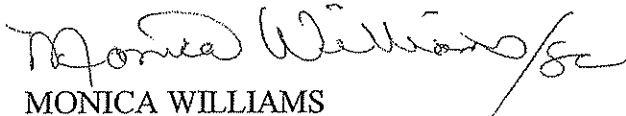
1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 11, 2006**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



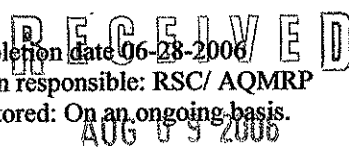
SYLVIA CRESWELL
Supervisor
Non-Long Term Care

SC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2006
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MILLIKEN			STREET ADDRESS, CITY, STATE, ZIP CODE 7904 ARLINGTON DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the complaint survey. The surveyors conducting the survey were: Monica Williams, QMRP, Team Leader Sherri Case, LSW, QMRP	W 000	Preparation and implementation of this plan of corrections does not constitute admission or agreement by Milliken Heights with the facts, findings, or other statements as alleged by the State agency dated July 12, 2006. Submission of this plan of correction is required by law and does not evidence the truth of any of the findings as stated by the survey agency. Milliken Heights specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action.		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on review of staff training records, review of as-worked schedules, and staff interviews it was determined the facility failed to ensure staff were provided initial and on-going training which enabled them to perform the job duties effectively, efficiently, and competently for 6 of 6 individuals (Individuals #1 - 6) who resided in the facility within the last 5 months. This resulted in the potential for individuals to receive inconsistent behavioral interventions. The findings include: Individuals #1 - 6 had been identified as being sexual offenders. The facility's as-worked schedules, dated 3/06 - 6/06, showed seven staff were borrowed from another facility, owned by the same company, and worked the following dates and shifts: Staff A: - 3/18/06 from 6:00 a.m. - 4:00 p.m. - 3/25/06 from 2:00 - 10:00 p.m. - 3/31/06 from 8:00 a.m. - 2:00 p.m.	W 189	W189 483.430(e)(1) STAFF TRAINING PROGRAM A mandatory staff meeting was held for Sunset Oaks to receive sex offender training. If Milliken Heights needs to borrow staff, they will borrow only from Sunset Oaks. Sunset staff will attend all sex offender training given by Tom Neilson and all staff will be asked to verify that they have been trained before they work at Milliken. New employee training sheets have been developed to include sex offender training from the RSC while shadowing before they take care giver assignments. <div style="text-align: center;">  Completion date 06-28-2006 Person responsible: RSC/ AQMRP Monitored: On an ongoing basis. AUG 9 2006 BUREAU OF FACILITY STANDARDS </div>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

M. Parker, Admin 8-4-06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 189	<p>Continued From page 1</p> <ul style="list-style-type: none"> - 4/17/06 from 2:00 - 10:00 p.m. - 4/22/06 from 9:00 - 10:00 p.m. - 4/26/06 from 4:00 - 6:00 a.m. - 5/17/06 from 2:00 - 4:00 p.m. - 5/18/06 from 4:30 - 10:00 p.m. <p>Staff B:</p> <ul style="list-style-type: none"> - 5/23/06 from 10:00 p.m. - 6:00 a.m. - 5/24/06 from 6:00 - 8:00 a.m. and 4:00 - 10:00 p.m. - 6/5/06 from 2:00 - 10:00 p.m. - 6/6/06 from 4:42 - 10:00 p.m. and 10:00 p.m. - 6:13 a.m. - 6/7/06 from 2:00 - 10:00 p.m. and 10:00 p.m. - 6:00 a.m. <p>Staff C:</p> <ul style="list-style-type: none"> - 6/9/06 from 6:00 - 8:00 a.m. - 6/10/06 from 8:00 a.m. - 2:00 p.m. - 6/11/06 from 4:00 - 10:00 p.m. - 6/20/06 from 8:10 a.m. - 2:00 p.m. <p>Staff D:</p> <ul style="list-style-type: none"> - 6/22/06 from 12:00 p.m. - 8:00 a.m. - 6/30/06 from 10:55 p.m. - 6:12 a.m. <p>Staff E:</p> <ul style="list-style-type: none"> - 6/7/06 from 11:00 a.m. - 2:00 p.m. - 6/23/06 from 3:40 - 10:00 p.m. <p>Staff F:</p> <ul style="list-style-type: none"> - 6/8/06 from 10:00 p.m. - 6:00 a.m. - 6/9/06 from 6:00 - 8:00 a.m. <p>Staff G:</p> <ul style="list-style-type: none"> - 5/24/06 from 4:00 - 10:00 p.m. <p>Staff training records, related to sexual offender</p>	W 189			

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W 189	Continued From page 2 training, dated 11/14/05 - 7/3/06, did not contain the names of the seven staff noted above. When asked if the seven staff had been trained on sexual offender behavior prior to working in the facility, the Administrator stated during an interview on 7/12/06 at 9:50 a.m., the staff had not been trained. The facility failed to ensure all staff received training related to sexual offender behavior prior to working with Individuals #1 - 6. Without this training, the facility would be unable to ensure staff would be able to identify and/or intervene when individuals demonstrated sexually inappropriate behavior.	W 189			

Bureau of Facility Standards

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MM620	16.03.11.230.05(b) Upgrading of Competencies The upgrading of competencies to improve skills based on resident needs and corresponding staff expertise; and This Rule is not met as evidenced by: Refer to W189.	MM620	MM620 16.03.11.230 (b) Upgrading of Competencies Please Refer to W189.	

Bureau of Facility Standards

M. Parker, Admin 8-4-06 TITLE

(X6) DATE

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